

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000057633**
1. Corporation Name

Peoples Home Finance Company

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE:

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified July 1, 1997	
21	3864 San Jose Park Dr.	26	3864 San Jose Park Dr.	4. FEI Number 59-3434250	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23	Jacksonville, FL	28	Jacksonville, FL	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
24	Zip 32217	25	Country U.S.A.		
29	Zip 32217	30	Country U.S.A.		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name THOMAS MORCOM
82	Street Address (P.O. Box Number is Not Acceptable) 4441 BARRINGTON OAKS DR
83	
84	City Jacksonville
85	Zip Code FL 32257

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Thomas Morcom** *Thomas Morcom* **4-11-98**
Signature (typed or printed name of registered agent and this corporation) (NOT Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Secretary, Treasurer	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS A. MORCOM	1.2 NAME	
STREET ADDRESS	4441 BARRINGTON OAKS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32257	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Thomas Morcom** *Thomas Morcom* **4-11-98** **904-448-2595**
Signature and typed or printed name of signing officer or director

CR2E034 (10/97)